13000078941

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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J. SAULSBERRY EXAMINER SEP 30 2013

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: EMB Realty LLC
DOCUMENT NUMBER: 213000078941
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Haccoun
Name of Contact Person EMB Realty LLC Firm/Company
1141 kane Concourse, # 203
Buy Harbor Islands, Fl 33154 City/ State and Zip Code
Starte and Zip Code Starte and Zip Code Starte and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
rot future information concerning this matter, please can.
Sarah Haccour at (312,961-5559
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	A L L C records.)
(A Florida Limited Lie	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L/3000078</u> 94	rere filed on 5-30-13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabill</u> **DefA**	d Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "Limite "L.L.C."	1
Enter new principal offices address, if applicable:	<i>N/</i> #
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent: Aaro	N Rokosz Btty at Law
New Registered Office Address: 1/4/	Cone Concourse Suite 203
Bay Ha	Enter Florida street dddress Abol Is MUS, Florida 33154 City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Type of Action Steinmaner Realty 1141 Kane Concourse DANG einmauer lechnology piecold Utera PA Remove

Page 2 of 3

D, Ifamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.).
-	
-	
- Dated	. "
	Signature of a member or support of a member of a member of a member of support of suppo
	Page 3 of 3

Page 3 of 3
Filing Fee: \$25.00

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